

State: District of Columbia **Filing Company:** Group Hospitalization and Medical Services
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report
Project Name/Number: DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report/DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report

Filing at a Glance

Company: Group Hospitalization and Medical Services
Product Name: DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report
State: District of Columbia
TOI: LTC06 Long Term Care - Other
Sub-TOI: LTC06.000 Long Term Care - Other
Filing Type: Form
Date Submitted: 02/12/2020
SERFF Tr Num: MEAM-132259502
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: DC- GHMSI LAPSE AND REPLACEMENT, SUITABILITY, DENIED CLAIMS REPORT

Implementation
Date Requested:
Author(s): Lisa Culhane
Reviewer(s): Colin Johnson (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State: District of Columbia
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report
Project Name/Number: DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report/DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report

General Information

Project Name: DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report
Project Number: DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Filing Status Changed: 02/12/2020
State Status Changed:
Created By: Lisa Culhane
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Overall Rate Impact:
Deemer Date:
Submitted By: Lisa Culhane

Filing Description:

Please find the Rescission, Lapse and Replacement, Suitability, and Denied Claims Reporting Forms for Long-Term Care Policies for GHMSI (53007) for the 2019 Reporting Year.

Company and Contact

Filing Contact Information

Lisa Culhane, LTC Compliance Analyst
165 Court Street
Rochester , NY 14647

lisa.culhane@medamericaltc.com
585-327-6550 [Phone]
585-238-3642 [FAX]

Filing Company Information

Group Hospitalization and Medical Services
165 Court Street
Rochester, NY 14647
(800) 544-0327 ext. [Phone]

CoCode: 53007
Group Code:
Group Name:
FEIN Number: 53-0078070

State of Domicile: District of Columbia
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State:	District of Columbia	Filing Company:	Group Hospitalization and Medical Services
TOI/Sub-TOI:	LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other		
Product Name:	DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report		
Project Name/Number:	DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report/DC- GHMSI Lapse and Replacement, Suitability, Denied Claims Report		

Supporting Document Schedules

Satisfied - Item:	Lapse & Replacement Report
Comments:	
Attachment(s):	DC_53007_rep_lapse_2019_801.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Suitability Report
Comments:	
Attachment(s):	DC_53007_suit_2019_801.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Denied Claims Report
Comments:	
Attachment(s):	DC_53007_denied_2019_801_I.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rescission Report
Comments:	
Attachment(s):	DC_53007_resc_2019_801_1.pdf
Item Status:	
Status Date:	

Long-Term Care Insurance Replacement and Lapse Reporting Form

For The State Of DISTRICT OF COLUMBIA

For The Reporting Year 2019

Company Name: GHMSI
Address: Administrative Office: 165 COURT STREET
ROCHESTER,NY 14647
NAIC Number: 53007
Contact Person: Angela L. Shire, Esq.
Phone Number: 1-877-202-6043

Instructions: The purpose of this form is to report, on a statewide basis, information regarding long-term care insurance policy replacement and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacement and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Replaced By This Agent	Number of Replacements As % of Number Sold By This Agent
--------------	---------------------------------------	---	--

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent's Name	Number of Policies Sold By This Agent	Number of Policies Lapsed By This Agent	Number of Lapses As % of Number Sold By This Agent
--------------	---------------------------------------	---	--

Company Totals:

Percentage of Replacement Policies Sold to Annual Sales	N/A
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year)	N/A
Percentage of Lapsed Policies Sold to Annual Sales	N/A
Percentage of Lapsed Policies Sold to Policies In Force(as of the end of the preceding calendar year)	<1%

Suitability Report for 2019

Company Name: GHMSI

NAIC Company Code: 53007

- | | |
|---|----------|
| 1. Total Number of Applications Received from Residents of District Of Columbia | <u>0</u> |
| 2. Number of Applicants Who Declined to Provide Information on the Personal Worksheet | <u>0</u> |
| 3. Number of Applicants Who Did Not Meet the Suitability Standards | <u>0</u> |
| 4. Number of Those Who Chose to Confirm After Receiving A Suitability Letter | <u>0</u> |

No new policies were issued; report not applicable

Long-Term Care Insurance Claims Denial Reporting Form

**For The State Of DISTRICT OF COLUMBIA
For the Reporting Year of 2019**

Company Name: GHMSI
 Address: Administrative Office: 165 COURT STREET
ROCHESTER, NY 14647
 NAIC Number: 53007
 Contact Person: Angela L. Shire, Esq. Phone Number: 1-877-202-6043

Line of Business Individual

Instructions:

The purpose of this form is to report all long-term denials under in force long-term care policies or insurance policies.

Indicate the manner of reporting by checking one of the boxes below:

☐

Per Claimant – counts each individual who makes one or a series of claim requests

☒

Per Transaction – counts each claim payment request

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

Inforce Data		State Data	Nationwide Data
	Total Number of Inforce Policies as of December 31st	32	43
Claims and Denial Data		State Data	Nationwide Data
1	Total Number of Long-Term Care Claims Reported	25	91
2	Total Number of Long-Term Care Claims Denied/Not Paid	3	8
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	3	4
5	Net Number of Long-Term Care Claims Denied For Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	4
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	4.4%
7	Number of Long-Term Care Claims Denied due to:		
8	Long-Term Care Services Not Covered Under the Policy	0	0
9	Provider/Facility Not Qualified under the Policy	0	0
10	Benefit Eligibility Criteria Not Met	0	0
11	Other: Duplicate Submission, Discharged from Facility, No Coverage in Policy, Incomplete Claim, Repayment of Overpayment	0	4

Rescission Reporting Form For Long-Term Care Policies

For The State Of DISTRICT OF COLUMBIA

For The Reporting Year 2019

Company Name: GHMSI NAIC# 53007
Address: 165 COURT STREET
ROCHESTER, NY 14647
Phone Number: 1-877-202-6043

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Policy Form #	Policy and Certificate	Name of Insured	Date of Policy Issuance	Date/s Claim/s Submitted	Date of Rescission

Detailed reason for rescission:
No rescissions for this year.



Signature

Angela L. Shire, Esq. V.P. Compliance & Regulatory Affairs
Name and Title

January 08, 2020
Date